

Patton Public Library

444 Magee Avenue

Patton, PA 16668

(814)674-8231 Fax (814)674-6188

e-mail: patton@cclsys.org

Monica Burkhart, Library Director

Board of Directors:

Donna Depto, President
Sedona O'Hara, Vice President
Faye Lenglet, Treasurer
Patricia Ridinger, Secretary

Bobbie Cammarata
Janice Davis
Patricia Willett

Patton Public Library is an equal opportunity provider

November 9, 2015

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

Re: Request for Waiver of Form 472 Invoice Deadline for Funding Year 2014

Contact:

Name: Monica Burkhart
Entity: Patton Public Library
Address: 444 Magee Avenue, Patton, PA 16668
Phone: 814-674-8231
E-mail: patton@cclsys.org
Billec Entity Number: 125606
Form 471 Application Number: 948626
Funding Request Number: 2581754
CC Docket No. 02-6

Dear Ms. Dortch,

On behalf of the Patton Public Library, I am writing to respectfully request the FCC to grant a waiver of the Funding Year 2014 Form 472 BEAR filing deadline so that we will not lose these vital funds.

We just learned after the fact that the deadline to file the BEAR was on October 28, 2015, and that we missed it. We understand that we must explain the extraordinary circumstances that we experienced in the hope that the FCC will find granting the waiver will be in the public interest.

I filled the Bear form out on October 13th, checked it, printed it and placed it in a folder. I was certain I certified and submitted it, but I was getting ready to take time off to stay with my 88 year old mother (her regular care giver was

sick) so I was rushing to get it finished. Being a one person library, I was jumping up to wait on patrons and apparently I did not check to make sure it went through. With the State budget not passed yet I don't even have my Senior helper to help out. Not being able to be reimbursed for this e-rate would cause a real hardship on us. If the budget isn't passed soon, we will be forced to take out a loan to pay the bills. I am hoping that you look favorably on our request and give us the waver.

The deadline oversight is purely unintentional.

The reimbursements will total \$648.00 for the District's telephone services. This may not be a large sum of money to some institutions, but it is extremely important in our District.

Thank you for your consideration of our request.

Respectfully submitted,



Monica Burkhart
Library Director

Need Help?

BEAR Home



New BEAR Form



Track Form



Bulk Download



Terms and Conditions



Logout

Edit BEAR Invoice

Applicant Form Identifier Bear 2014-2015

Block 1: Header InformationNeed Help?1. Billed Entity Name
PATTON PUBLIC LIBRARY2. Billed Entity Number
1256063. Service Provider
Identification Number (SPIN)
143003990Service Provider Name
Comcast Business Communications4. Contact Name
MONICA BURKHART

5. Contact Telephone Phone (814) 674 - 8231 ext.

Contact Fax (814) 674 - 6188

Contact Email
patton@cclsys.org6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 678.14Block 2: Line Item Information Per Funding Request NumberNeed Help?

7. FCC Form 471 Application Number	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	10. Customer Billed Date (from Funding Commitment Decision Letter)	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	
1) 948626	2581754	9/2/2014		88.52	60	53.11	
2) 948626	2581754	2/2/2015		88.21	60	59.98	
3) 948626	2581754	12/2/2014		87.09	60	52.25	
4) 948626	2581754	8/2/2014		88.75	60	53.25	
5) 948626	2581754	5/2/2015		89.61	60	60.93	
6) 948626	2581754	11/2/2014		86.92	60	52.15	
7) 948626	2581754	10/2/2014		89.91	60	53.95	
8) 948626	2581754	7/2/2014		88.75	60	53.25	

9)	948626	2581754	4/2/2015		88.39	60	60.11	
10)	948626	2581754	1/2/2015		87.00	60	59.16	
11)	948626	2581754	6/2/2015		86.90	60	59.09	
12)	948626	2581754	3/2/2015		89.57	60	60.91	

Add Line Item

Block 3: Billed Entity Certification[Need Help?](#)

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and I certify to the best of my knowledge, information and belief, as follows:

- ✓ A. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the service start date reported on the associated Form 486.
- ✓ B. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- ✓ C. The discount amounts listed in Column (14) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decision Letter.
- ✓ D. I recognize that I may be audited pursuant to this application and will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered in this funding year any and all records that I rely upon to fill in this form.
- ✓ E. I certify that, in addition to the foregoing, this Billed Entity Applicant is in compliance with the rules and orders governing the schools and libraries universal service support program, and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.

Contact Information for Billed Entity Authorized Person:**15. Signature** ✓

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

16. Date 10/13/2015**17. Name** MONICA BURKHART**18. Title/Position** LIBRARY DIRECTOR**20. Address 1** 444 MAGEE AVENUE**Address 2****City** PATTON**State** PA**Zip Code** 16668 - 1209**19. Phone Number** (814) 674 - 8231 ext.**19a. Fax Number** (814) 674 - 6188 ext.**19b. Email** patton@cclsys.org**19c. Name of Authorized Person's Employer** Patton Public Library**27. Applicant Remittance Information****Name** Monica Burkhardt**Title/Position** Library Director**Phone Number** (814) 674 - 8231 ext.**Address 1** 444 Magee Avenue**Address 2****City** Patton**State** PA

Zip Code 16668 - 1209

Additional Comments:

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

OMB Number 3060 - 0856 Form 472

[SLD Home](#) | [Contact Us](#)

Client Service Bureau: 1-888-203-8100

© 1997 - 2007, Universal Service Administrative Company. All Rights Reserved.

2000-01-24/859

2010-02-24/64